

Foster Family Home - Corrective Action Report

Provider ID: 1-130036

Home Name: Rosebella Balan, CNA

94-857 Kaaholo Street

Waipahu HI 96797

Review ID: 1-130036-7

Reviewer: Julie Hastings

Begin Date: 2/10/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with all written corrections due to CTA by 3/8/2020.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)
CG#1 APS/CAN lapsed was done 12/6/2017. Was due on or before 12/6/2019. Was done on 1/16/2017.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(a)(3)
CG#1 does not have work experience in the binder

41.(c)
CG#2 has only 4 hours annual training for 2019. CG's in a 2 client home must have a minimum of 8 hours annual in-service training.

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Foster Family Home

Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

- 46.(a)
Missing fire drills for May, June, July, August, September, October, November and December 2019.

- 46.(a)
CG#3 did not lead a fire drill in 2019. All caregivers must lead a minimum of one fire drill annually.

Foster Family Home

Quality Assurance

[11-800-50]

- ~~50.(c)~~ The home shall inform the case management agency of any changes occurring in the client's behavior and functioning that may necessitate a change and update of the client's service plan. A verbal report shall be made to the case management agency serving the client within twenty-four hours of the occurrence of any of the following:

Comment: Made in error JH 4/10/20

Foster Family Home

Fiscal Requirements

[11-800-52]

- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

- 52.(b)
No budget or other fiscal records available in the home for 2019.

Foster Family Home

Records


[11-800-54]

- 54.(a) Each home shall maintain an administrative notebook including but not limited to

- 54.(c)(5) Medication schedule checklist;

Comment:

- 54.(c)(5)
The Medication Administration Record for February Missing for Client #2.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name:

Rusebella Balan

CCFFH Address:

094-857 Kaaholo ST Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	Supse cnte corrected	2/10/20	I put calendar reminder on front of chart for 2 months prior expiration
41(A)(3)	Caregiver work experience now in binder	2/10/20	I will keep my work experience in the binder
41(C)	Supse can not be corrected	2/10/20	All caregivers will be required 8 hrs training a year, reminder in binder

Primary Caregiver's Signature: MBalan

Print Name: Rosebella Balan

Date of Signature: 2/10/20

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Rosebella Balan

CCFFH Address: 94-857 Kaaholo ST Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46(a)	Supse can't be corrected	2/10/20	Reminder for fire drill put on calendar
52(B)	Supse can't be corrected	2/10/20	Each CC will keep 1 yr. Home will keep budget in binder
54(C) 5	Medication record now up to date for client no. 2	2/10/20	Medication record will be sign daily.

Primary Caregiver's Signature: *WB*

Print Name: Rosebella Balan

Date of Signature: 2/10/20